



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



Eligibility Operations Memo 08-07
May 1, 2008

TO: MassHealth Eligibility Operations Staff

FROM: Russ Kulp, Director, MassHealth Operations

RE: **Online Streamlined Renewals**

Introduction

MassHealth, in conjunction with the Commonwealth Health Insurance Connector Authority (the Connector), has designed an Online Streamlined Renewal tool. The online tool allows members to fulfill their annual eligibility renewal requirement electronically.

Use of the online tool will be introduced in phases. Initially, a pilot will be conducted at three provider sites. In the pilot phase, use of the online tool will be limited to members who are in households where all active members are on a Commonwealth Care benefit. Later, the online tool will be accessible by MassHealth members and Health Safety Net-eligible individuals.

The online renewal tool is available through My Account Page (MAP).

Eligibility for Participation

In order to participate in the online streamlined renewal program, households must:

- be within six months of their annual eligibility review;
- visit a provider with MAP accessibility;
- not have significant updates to current case information.

Renewal Process

When an adult member visits a provider with MAP accessibility, MAP will display a link that will inform the provider that the member is within six months of a scheduled eligibility review.

At the member's request, the provider may assist the member in completing the online renewal. If needed, an Eligibility Representative Designation (ERD) form can be accessed, electronically signed, and submitted.

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**Renewal Process
(cont.)**

The first step in the process requires the provider to print a consolidated summary of data for the member to review. This summary contains detailed information that MassHealth has on file for the household.

Initially, the member is asked six screening questions and two questions about access to potential health insurance (see Attachment A) to determine if using the streamlined renewal tool is appropriate. All answers are in the Y(es)/N(o) format.

Significant changes

Because the process is intended to be “streamlined,” significant changes in the household are not allowed. If there are significant changes, the provider will not be allowed to continue with the online renewal and will be advised that the renewal will be completed through the customary review process at a future date. The household will receive an Eligibility Review (ERV) form through the normal profiling process.

No significant changes

If there are no significant changes in the household’s information, the member or eligibility representative will be allowed to proceed with the online renewal. The member must review the information for accuracy, edit the information as needed, and electronically sign the renewal. Updates are made by reviewing screens and answering questions.

Completion of the online renewal process

The renewal is considered complete when each screen has been reviewed, updated, and confirmed. The process includes the review of MassHealth rights and responsibilities, followed by an electronic signature and submission of the online renewal. The provider assisting the member must have a printer connected to his or her computer to provide the member with a copy of the completed renewal.

**Renewal Number
and Submission
of Verifications**

When the renewal is submitted, a “renewal number” will be provided. The member will be advised of the date and time that MassHealth received the renewal and will be given information about required verifications. The member will be asked to annotate the verifications with either his or her social security number or the renewal number. A cover sheet for submitting the verifications is available (see Attachment B). This cover letter contains the MassHealth Enrollment Center (MEC) address and fax number.

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**Cancellation of
An Online
Renewal**

Because the data displayed on the screens is “real time,” the online renewal, once started, must either be submitted or cancelled. If cancelled, the information will no longer be available. If the member later decides to use the online renewal program, he or she will be required to start the process from the beginning, with refreshed “real time” data.

The member or eligibility representative is given an opportunity to cancel the online renewal on most screens, including the Renewal Confirmation page. If the member chooses to cancel, the system provides an additional opportunity to either actually cancel or continue the process.

**MEC
Responsibilities**

The procedures for receiving and processing streamlined renewal forms is similar to processing Virtual Gateway (VG) applications. An Online Streamlined Renewal will be identified as an e-ERV (Electronic Eligibility Review). Members are instructed to mail or fax all verifications to the appropriate MEC, using the MassHealth cover sheet that the provider may print at the time of the renewal. In addition, members are advised to write either their social security number or the renewal number on each verification.

Attachments

Attached to this memo are

- the screening and health-insurance questions from the Online Streamlined Renewal form (Attachment A); and
 - the MassHealth cover sheet (Attachment B).
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Questions

If you have any questions about this memo, please have your MEC designee contact the Policy Hotline.

Screening and Potential Health-Insurance Access Questions

The first five questions and the eighth question are screening questions to determine if a member is eligible for the Online Streamlined Renewal process. The sixth and seventh questions are about access to potential health insurance. Each provides an opportunity to view the household information MassHealth has on file. The drop down menus on the right allow Y(es)/N(o) responses only. The asterisks indicate that a response is required.

What Has Changed

Has any family member left your household or has anyone new joined your household, other than the household members that we currently have on file?*

(View household members we currently have on file.)

Is there any family member who has an injury, illness, or disability that we don't currently have on file for your household? (If legally blind, answer yes.)*

(View disabled household members we currently have on file.)

Has any family member left a current job we have on file or started a new job that we don't currently have on file?*

(View jobs we currently have on file.)

Is any family member no longer receiving a non-working income we have on file or receiving a new non-working income that we don't currently have on file?*

(View non-working incomes we currently have on file.)

Has any family member been removed or added to an existing health-insurance policy or is any family member covered under a new policy, other than what we currently have on file? *

(View health-insurance policies we currently have on file.)

Is any family member aged 19 or older or their spouse working or no longer working in the commercial fishing industry, other than what we currently have on file? *

(View commercial fishing industry records we currently have on file.)

Has any family member aged 19 or older, or their spouse served in the uniformed armed services, other than what we currently have on file? *

(View armed services records we currently have on file.)

Does any family member need health care because of an accident, injury, or illness that was caused by someone else, other than what we currently have on file?*

(View accident, injury, or illness records caused by someone else that we currently have on file.)

MassHealth Cover Sheet

Number of pages attached (including this sheet): _____

| | |
|-----------------|------------------|
| Renewal Number: | [Renewal Number] |
| Date: | [Date & Time] |

Head of household information:

| | |
|----------------|--------------------------|
| Name: | [Head of household name] |
| Date of Birth: | [Date] |

Please include this cover sheet when faxing or mailing any documents to MassHealth.

Documents should be received at the address below (mailed or faxed) within 3 business days from the date of the renewal to help us process your renewal more quickly.

Mailing Address:

[MEC NAME]
[MEC ADDRESS LINE 1]
[MEC ADDRESS LINE 2]
[FAX NUMBER]

Place a checkmark in the appropriate space below identifying the document(s) you have attached.

_____ Income
_____ Immigration
_____ Citizenship
_____ Identity
_____ Other